

MULTIPLE DEPENDENT AND
FEE CALCULATION SHEET
(FOR USE WITH FORM FTO-876)

09/574 409
APPLICANT(S)

15-19-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	/					
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3		/				
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50						
TOTAL INO.	7					
TOTAL DEP.	20					
TOTAL	27					

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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